

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LIV.

THURSDAY, MAY 8, 1856.

No. 14.

TOPOGRAPHY AND DISEASES OF BATES COUNTY, MISSOURI.

BY DR. J. E. THOMPSON.

[Communicated for the Boston Med. and Surg. Journal.—Continued from page 53.]

Puerperal Peritonitis.—This fearful malady has not prevailed in this County as extensively, and with such fatality, as in other portions of the country; though in some years, and in certain localities, it is prevalent to a considerable degree, and always with marked fatality. In 1850, nearly every case died throughout the county, and they were not a few, for in some communities nearly every lying-in woman had it. Since that time till the past year (1855), there were but few cases. In the year 1855 it was again epidemic, and alarmingly fatal; being in both years undoubtedly propagated by contagion: *first*, through the medium of a tainted atmosphere; and *second*, through the medium of the accoucheur. It occurred mostly in the winter and spring, and in the region of low, swampy lands.

Pneumonia is a common disease, prevailing from the first of November till the last of April, every year, more or less. It is not confined to any particular locality or age, or to either sex. In 1849, it was epidemic, nearly two thirds of the cases proving fatal; owing, probably, more to improper treatment than to any other cause. The physicians were not generally well acquainted with its character and treatment, it not having prevailed before in the county. From the fact of its occurring in the winter season, I suppose, it received the name of "winter fever," and was dreaded by the inhabitants more than any other disease, they regarding an attack of it as certain death. For the four succeeding years, it prevailed very fearfully; but in 1854 there were but few cases. In 1855, it again made its appearance, with more than usual severity. The onset was marked by a severe chill; pain just below the nipple, on one or both sides, extending round to the same point in the back; a hard, frequent pulse; dry cough, with difficult and oppressed respiration; sputa viscid, mixed frequently with blood, and bubbles of air; suppression of urine, and livid countenance. On auscultation,

minute crepitation; and on percussion, dull and obscure sound. These symptoms characterize the *engorged state* of the disease. In cases that terminate in death, this stage lasts but a few days—fast running into the second or *hepatized stage*. This stage generally lasts but a few days, and then assumes the third stage—that of *purulent infiltration*, and death in a short time takes place. Low delirium is a common symptom in the second stage; sometimes, however, in the graver cases, it attends the first. There are rose-colored spots on the abdomen, diarrhœa and pain in the bowels; these symptoms characterize *typhoid pneumonia*. This is a common complication, and a very dangerous one. The average duration of the disease is about twenty days, with an irregular march. I have seen several cases where erysipelas was present. I shall here introduce two cases, of, perhaps, more than common interest, at least they were so to me.

CASE I.—Mrs. B., æt. 39; of tolerably good constitution and habits; had seven children. Being much exposed to the winter weather, from an open house and an indolent husband, she was attacked on the 15th of April, 1855, with cough, chill, and pain near the left clavicle and under the left nipple, extending round to the same point in the back.

April 22d, 8 o'clock, A. M.—I was called in consultation, Dr. Jones having been in attendance from the first, and found her as follows: pulse 130, hard; countenance pinched and livid; respiration hurried and oppressed; a tight cough, almost constant, with bloody sputa; head and shoulders elevated; urine copious and limpid; bowels tender, and discharging a light, frothy mucus; two rose-colored spots, of the size of a quarter of a dollar, on the abdomen; pain in the back, left chest, and limbs; transient delirium. Ordered sinapisms to the chest and back, and the following: hydrag. sub mur., gr. xx.; pulv. opii, gr. iv. M.; to be divided into four powders—one to be given every two hours. And syr. scill. comp., f ʒ ij.; spts. nit. dulc., f ʒ ss. M.; one drachm to be given every hour.

10 o'clock, P. M.—Symptoms about the same. Calomel operated well; dejections dark and offensive.

23d, 5 o'clock, A. M.—Delirious through the night; expectorates more easily; sputa of a dark yellowish color and tough; diarrhœa, dejections dark green; face livid; pulse 120, small; respiration hurried and abdominal. R. Tannic acid, two grains, to be given after every operation; and syr. scillæ comp., f ʒ ij.; sol. tart. antim., f ʒ iss. M.; as much as could be borne every half hour. Blister to the left chest, to remain eight hours, and dress with bread and milk poultice.

24th, 6 o'clock, A. M.—Symptoms the same. The blister had done no good; reapplied another, to remain until vesication; treatment continued.

25th, 10, A. M.—Delirious; dyspnœa; pulse small and weak; countenance hippocratic; expectoration dark green and thin; diarrhœa obstinate, and tannic acid has no effect on it; shoulders ele-

vated and chest depressed. Expectorants continued; wine whey, $\frac{3}{4}$ ss. every two hours.

26th, 8, A. M.—Growing worse; constant low delirium. Treatment continued.

27th, 4, A. M.—No better. Nothing given but wine whey, $\frac{3}{4}$ ss. every two hours.

4, P. M.—Syncope supervening. All treatment stopped. Died at 6 o'clock, P. M.

CASE II.—Mr. W., æt. 16, of good constitution and plethoric habits, was attacked on the 3d of February, 1855, with chill, pain in the right chest, and cough.

7th, 9 o'clock, A. M.—Called and found him as follows: dull pain in the right chest, extending to the clavicle and back; respiration difficult, and pain increased by it; cough, dry and hacking, with frothy sputa; pulse 85, full and hard; bowels constipated; urine copious; slight pain in the region of the kidneys; left ankle swollen and painful, with two small, red, erysipelatous spots. Bled to six ounces from the right arm, and gave the following: Hydrarg. sub-mur., gr. xx.; pulv. opii, gr. iv. M.; to be divided into four powders—one to be taken every two hours. In two hours after the last dose, half an ounce of castor oil; and $\frac{1}{2}$ i. of the following every hour. Syr. scillæ comp., f $\frac{3}{4}$ ij.; spts. nit. dulc., f $\frac{3}{4}$ i. M. Sinapisms to the chest; the ankle to be painted with tr. iodini.

8th.—Expectorates easier; cough not so constant, and looser; pulse full, 90; pain in the chest the same; had three bilious discharges since yesterday; respiration the same; erysipelas extended half round the ankle, and looks fiery. Bled four ounces from the same arm; expectorants continued; R. Quiniæ sulph., gr. xx.; ipecac., gr. xxx.; salicin., gr. x. M. and divide into ten powders, one to be given every two hours. Iodine continued upon the ankle.

9th.—Pulse the same; delirious; expectoration yellow, mixed with blood; face livid; disposition to elevate the shoulders; erysipelas extended round the ankle, and half way to the knee. Expectorants and tonics continued; erysipelas surrounded with nitrate of silver, and tr. iodini to the inflamed part.

10th.—Had no dejection for two days. Ordered fifteen grains of compound cathartic pill. Pain in the chest a little worse, but other symptoms the same as on yesterday. Expectorants and tonics continued. Erysipelas crossed the cauterized line and extended to the knee. Opened an abscess on the inner ankle, which discharged considerable pus; covered the whole inflamed surface with iodine.

11th.—Had four alvine discharges—bilious; copious expectoration of a yellowish, tough substance, thrown up with ease; face not so livid, and respiration better; pain in chest nearly gone; erysipelas not extended—surface red and glistening; opened an abscess on the outer ankle; treatment continued.

12th.—Had two alvine discharges; pulse 88, yielding; cough

loose, expectorates easy; face not livid; respiration nearly natural; no pain in chest or back; erysipelas not extended; knee-joint wonderfully inflamed and painful. Treatment continued.

13th.—Had no dejection. Pulse 90, full. Four comp. cathartic pills. Other symptoms the same as on yesterday. Opened an abscess on the instep, and on the outer knee-joint, which discharged quantities of purulent matter. Wounds dressed with simple cerate. Treatment continued. Chicken broth allowed *ad libitum*.

14th.—Improving. Opened an abscess on the inside of the knee-joint. Treatment continued.

15th.—Erysipelas extended over foot and toes; pneumonic symptoms the same. Treatment continued.

16th.—Erysipelas succumbing. Expectorants discontinued, and the following given as a substitute: Infus. senegæ, Oi.; mel desputatum, Oss. M.; ʒ ss. to be taken *ad libitum*. And, Quin. sulph., gr. ii., every two hours. Iodine applied to the erysipelatous inflammation; chicken broth and Boston crackers allowed.

17th.—Still mending. Treatment to be continued.

18th.—Sat up a few minutes in bed. Treatment continued.

20th.—Says he is "well." Seat of erysipelas normal; ulcers cicatrized; appetite good. Two grains of quinine three times a day for five days. Discharged cured.

The treatment of pneumonia varies according to the notions of different practitioners. However, blood-letting, tartarized antimony and mercury are the chief remedies. With reference to blood-letting, there is quite a division among the regular profession here—some being for, and others against, its use.

Purulent ophthalmia prevails here annually in the form of an epidemic. Scarcely a man, woman or child escapes this troublesome disease. It commences in June, and continues till late in the winter. It is characterized by the following symptoms. A superficial bright scarlet color of the conjunctiva, with severe throbbing pain, and general uneasiness, which is aggravated by paroxysms, especially at night, and rather mitigated towards morning. The pain is not confined to the eye, but extends to the parts around it. Deep inflammation of the sclerotica, cornea and internal tunics follows. Generally, there is but little intolerance of light. There is a constant discharge of yellow pus. After several days, the pulse becomes frequent, and the tongue white. There is pain in the frontal region, extending towards the occiput, and to the jaws and neck; with thirst and fever. The blood, when drawn off, exhibits generally a buffy coat. The disease usually runs its course, in young and middle-aged persons (if not addicted to the use of intoxicating liquors), in from six to eight weeks. In those persons whose eyes are naturally weak, the disease continues for a long time, assuming a chronic form, lasting for months, and years. It is common for persons to have it two and three times. I have seen those who have had it six times. The treatment is various, consisting of sugar of lead, sulphate of zinc, mercury, opium, nitrate of silver, &c.

Erysipelas prevails to a considerable extent in some seasons, but in a sporadic form; not, however, with much fatality, if early and properly treated. It is not confined to any particular locality, nor is it influenced by age or sex. It is mostly found in connection with other diseases, such as pneumonia, intermittent, bilious and typhoid fevers, dysentery and puerperal peritonitis.

Scarlatina has occurred frequently in some communities, and is confined mostly to children and young persons. It has not been attended, as a general thing, with much fatality. *Measles* is altogether accidental in this county; but when it does occur, it presents nothing peculiar, except a strong tendency to run into croup and pneumonia; and when this happens, the disease generally proves fatal. Physicians are seldom called in its simple form; consequently the treatment is entirely domestic.

Butler, Bates County, Mo.

[To be continued.]

MEDICAL AND SURGICAL EXPERIENCES AT THE HOUSE OF INDUSTRY.—NO. XI.

BY C. E. BUCKINGHAM, M.D., FORMERLY PHYSICIAN TO THE INSTITUTION.

Puerperal Disease.—(Continued.)

CASE IV.—Catherine Murphy, Irish, aged 30. Married. Entered lying-in ward Feb. 2d, 1850. First labor began at 8, P. M., and terminated forty minutes after 5, A. M., Feb. 3d. Breech presentation. Membranes ruptured four hours before birth of child. Attended by Mr. Shaw.

Everything went on as well as possible till Feb. 10th, when she complained of severe headache, which was relieved by cold local applications, and a laxative. After an hysterical convulsion in another patient, she appeared nervous and hysterical.

Feb. 11th.—Some diarrhœa—relieved by a drachm of laudanum in enema. In the evening Mr. Shaw thought she appeared comatose, and was inclined to attribute it to the opium. Pulse good, but quick. Had hysterical symptoms during night and next day. Arms rigid, eyes rolled up. Lochia always present. Complained of no tenderness till just before death. Constantly groaning, but complained of weakness only. Pulse good till a few hours before death, which took place on the morning of the 13th. No autopsy allowed.

CASE V.—C. B., aged 25, unmarried. First labor. Slight fissure of perinæum. Thinks herself eight months pregnant, and has taken medicine to produce miscarriage. Was in lying-in room at 8, A. M., Feb. 6th, 1850. First stage of labor complete. Presentation normal. Labor twelve hours long, and completed at 9, A. M. After-pains severe during day, and again on morning of 7th. Attended by Mr. Shaw.

7th, 12, M.—Groans with every breath. Respiration abdominal,

Pain on pressure over right of uterus, but even there can bear pressure steadily and gradually increased. No tenderness on left side. Has headache and pain in back. Lochia ceased. Pulse 128, full and hard. Feet cool. Head hot. Venesection $\frac{3}{4}$ xx. Pulse afterwards 124, small and soft. Half an hour later had what was supposed to be an hysterical attack. Arms and hands rigid, eyes rolled up. Pupils insensible to light. On application of cold water recovered. Sinapisms to feet—cold to head, and the following internally: calomel, ext. colocynth comp., ãã gr. x. Simple enema. Injections of warm water to vagina, which latter were followed by lochial discharge.

8th, 9, A. M.—Three dejections. Pain and tenderness much less. Continued improving from this date.

14th.—Tenderness and pain still continue, but very slight. Discharged well a day or two later.

CASE VI.—Mary Thompson, Irish, aged 26, married. First labor. Delivered on the 2d of March by Mr. (now Dr.) B. S. Shaw. Pains began about midnight of 1st and 2d. First examination was made at 9 $\frac{1}{2}$, A. M., March 2d, at which time the os uteri was of the size of a dollar and dilatable. Soft parts distensible. Pains confined principally to back. The first stage was complete at 9, P. M., and the membranes protruding from the vulva, they were ruptured. Left occipito-cotyloid position. At 9 $\frac{1}{2}$, P. M., a pale child was born. Twenty minutes later a female child was born, the presentation being probably the same, but the record does not state, and in about five minutes the placenta, merged together, came away. The membranes of the second child were artificially broken.

March 3d.—At 8, A. M. was doing well, with a pulse of 92, having rested well through the night. At 10, A. M., she had an attack of shivering; complained of "smothering in her chest." There was no pain nor tenderness. Got tr. camphoræ 3 iss., and external heat was applied to the abdomen. Pulse 92.

1, P. M.—Complains of bearing-down pains every three or four minutes, with some degree of constant pain in abdomen. Very restless. Seems to have pain all over her body, increased by, or increasing, the bearing down. Action and appearance hysterical. Abdomen rather full and somewhat tympanitic. Had a dejection last night. R. Pulv. Ipecac. comp., gr. x., and a simple enema.

6, P. M.—Has vomited occasionally through the day. Temperature of the surface normal. Lochia have ceased. Complains of pain everywhere. Abdomen somewhat tympanitic and tender, but the tenderness is relieved by pressure. Pulse 140. Has taken, in two doses, ext. hyosciami, gr. viii.; camphoræ, gr. ii. To have now, morphia sulph., gr. ss., and by enema, tr. assafœtidæ, 3iij.; morph. sulph., gr. $\frac{1}{4}$. Also, hop fomentation to abdomen and warm water injection into vagina.

4th, 7, A. M.—Slept somewhat and rested well during the night. Has had no dejection since labor. Pulse 128 and feeble. Pain

over whole body. Shortness of breath. "Stitch" in chest. Abdomen not particularly tender, and gradual pressure is well borne. No physical signs of chest disease. R. Pil. cathartic. comp., gr. x 12½, P. M.—Lochia returned.

5, P. M.—Delirium. Sitting up. Says the pain prevents her lying down. On lying down on back, the pain and tenderness as before. No dejection. R. Ol. ricini, ʒ i.; spts. terebinth., ʒ ss.

8, P. M.—Pulse 160.

Midnight.—Pulse hardly to be distinguished. Lies on her left side asleep. Inspirations forced and sighing.

6th, 8, A. M.—Pulse 140, and stronger. Since 3, A. M., constant vomiting; at first a dark-green fluid, and since, watery. Lochia ceased about same hour. Not the least pain or tenderness, except in right arm. No dejection. No delirium. R. Ol. croton. tigllii, gtt. i., and enema of turpentine.

10, A. M.—Pulse 156, more feeble. No tenderness. Nausea, but less vomiting. No dejection. Respiration quick and labored. Venesection from five to six ounces, with relief of respiration. Blood dark and thick, coagulating firmly. No dejection, and enema of turpentine repeated.

2, P. M.—Pulse 152 and very feeble. Hands and feet cold and livid. Nausea, but no tenderness. No dejection. Repeated croton oil. Wine every hour in half ounce doses.

5, P. M.—Pulse scarcely perceptible. Arms livid. Respiration thoracic, almost entirely. Tympanitis extreme. Perfectly sensible, but speaks with difficulty. No dejection. Has taken one ounce of wine and refuses it.

9½, P. M.—Dead. By report of nurse, at 7, P. M., she began to have yellowish dejections, which were afterwards white and liquid, and involuntary. Clotted blood and white shreddy matter at the same time began to pass from the vagina. The vomiting began again and continued to the last. Mind clear to the last. For the last four hours she appeared to have more pain. No autopsy allowed.

CASE VII.—Mary O'Neil, Irish, widow, aged 20. First labor. Attended by Mr. Shaw. Labor began 7, P. M., March 8th, 1850. Completed at 4, P. M. on the 9th. Natural in every respect. Everything appeared well till 4, A. M., on the 11th, when she awoke with a chill. This was of short duration. She was seen by Mr. Baker at 6, A. M. Lochia still flowing. No pain in breast, but there was no milk. General abdominal tenderness, which was not severe nor increased by pressure. Pulse 130, full and strong. Got eight grains of Dover's powder and warm fomentations.

9, A. M.—Pulse 135, small and feeble. Pain in the back, upon which she lies. Abdomen tender to pressure, but not severely so; tenderness not more marked upon severe pressure. Full but not hard, nor very tympanitic. Knees not flexed. Tongue slightly coated. Appetite good. No lochia. Had one dejection yesterday. Gave her five grains of quinia. Directed turpentine enema and warm water injection to vagina.

11½, A. M.—Lies on left side. Enema brought away a few hardened lumps of fæcal matter, and caused a discharge of coagula from the vagina. Pulse 140, strong and full. No pain. Tenderness as before. Venesection eight ounces, causing faintness, increase and softness of pulse. Enema to be repeated. Five grains of quinia every three hours.

2½, P. M.—Pulse 140. Respiration 32, somewhat labored. Lies on left side. No pain. No tenderness. No lochia. Enema operated well, and brought away more hard fæces.

6, P. M.—Pulse 134. Dejection. Fundus uteri two inches below umbilicus. Neither headache nor tinnitus.

12th, 8, A. M.—Slept scarcely any. Six loose dejections. No lochia. Urine, which has been scanty, more free. Has had eighteen grains of quinia, which was stopped at midnight on account of headache. Lies on her back, sleeping. Respiration 28. Mouth closed. Alæ nasi in full action. Pulse 118, not so full, but harder. Skin dry. Body warm. Tongue has a shiny coat in centre, which can be raised, leaving a red and dry surface. Right iliac region tender. Bears slow and steady pressure without much complaint. Uterus cannot be felt on account of tympany. Says she passes flatus up and down, constantly. Respiration chiefly thoracic. Can detect no physical signs of disease by the ear, in chest. Got two grains of quinia.

12½, P. M.—Pulse 124. Respiration 27, not full, but thoracic and painful. On back with knees drawn up. Sounds of heart indistinct, but impulse sufficient. Five or six dejections. Abdomen distended. Complains of headache and tinnitus. No lochia. Slight pain in abdomen and more tenderness, not very marked, however, on strong pressure, and not confined to any particular spot. Venesection twelve ounces, stopped on account of sighing and faintness. Pulse afterwards 132, small and feeble. Fifteen minutes later, got half an ounce of wine.

1, P. M.—Pulse 124, full and bounding. Action of heart strong and sounds distinct. Pain in abdomen, but not intense. On back, with legs and thighs extended. Hands clasped above head. Vomited immediately after the wine. Omit quinia. Half a grain of opium, and one fourth of a grain of tartrate of antimony, every hour, unless contra-indicated.

2½, P. M.—Patient on her back, with knees flexed. Groans with every breath. Respiration 32, and wholly thoracic. Abdomen fully distended and tympanitic. Does not mind slight pressure, and bears steady, deep pressure without much complaint. Nausea. Sallow. Diarrhœa continues. Perspiration of peculiar odor, and profuse.

6, P. M.—Lies on right side. Pulse 136.

13th, 9, A. M.—Dozed most of the night, without pain. No nausea since dark. Lochia doubtful. Two dejections. Urine free. Pulse 136. Respiration 36, labored, wholly thoracic and sighing occasionally. On her back. Says she is free from pain,

but "has a stitch" over left middle chest. Eyes somewhat sunken and lids livid. No auscultatory signs of diseases in chest. Has taken milk and water to quench thirst, but no other nourishment, and wishes none.

3, P. M.—Has eaten one third of an orange. Pulse 140, full and hard. Left cheek has a red spot upon it, about three inches by one, and an erysipelatous-looking spot on chin.

6, P. M.—Up to this time vaginal injections have been freely given; but no lochia appearing, to be omitted. Pulse 152. Color gone from face.

9, P. M.—Pulse 148, less full. Respiration 40, labored. Sounds of heart muffled. Mr. Shaw thought he could distinguish the first sound with his ear, over right lower front of chest. Both chests dull to percussion, especially the right. Breasts flabby and without milk. Faint, sickly odor from skin fills the room. Has taken, in all, twelve grains of opium and six of antimony in the last thirty-two hours. To have only half an ounce of wine every half hour.

14th, 7, A. M.—Dead. Groaned much in the night, but did not complain of pain. Sensible to the last.

Autopsy at 10, A. M. Rigor mortis established. Intestines fully distended with gas, having the odor of hydro-sulphuric acid. Colon contained a few ounces of dark-brown, gruelly fluid. Small intestines as much bright orange, yellow fluid, of like consistence. Parietal peritoneum injected with arborescent vessels. Omentum externally injected, with an occasional deposit of whitish yellow lymph. Internally the same, but lymph more abundant. Intestinal peritoneum very fully injected throughout. Not much lymph in abdominal walls, but abundant between the intestinal convolutions. No adhesions. From four to five ounces of purulent fluid in the cavity. Diameter of uterus, from before backward, at fundus, five inches. Peritoneal covering like that of the walls. Substance of uterus whitish. Walls an inch in thickness at fundus. Cavity would contain about half an ounce, and without coagula. No phlebitis. Ovaries about an inch and a half in length, so soft as to be easily torn with forceps, injected and containing an abundance of serous fluid. No signs of corpora lutea. Bladder contracted. Vagina gangrenous at vulva.

CASE OF LABOR.—CLOSURE OF THE OSTIUM VAGINÆ BY A MEMBRANE.

BY DWIGHT B. NIMS, M.D., HOMER, MICH.

[Communicated for the Boston Medical and Surgical Journal.]

I was called, January 23d, 1856, to see Mrs. C., aged 25, in labor with her second child. It is important to state, that she was confined with her first child July 2d, 1850. At that time she had a very tedious labor, owing to the unyielding condition of the os uteri

and soft parts. The head of the child lay pressed against the soft parts some hours, and the consequence was, I presume, some sloughing of the external organs, but no injury of the mouth of the womb. The child was stillborn, and the woman recovered within a reasonable period, and has since had good health. Soon after her recovery, I learned of her husband that the passage to the vagina was entirely closed, and of course she had no hope of again becoming a mother; but to their great surprise, last spring, they were compelled to believe that such an event *was* to take place. The great wonder to the parents themselves, and the friends who were made acquainted with the circumstance, was, how she could become so, and none expected either mother or child to survive such an ordeal. As before stated, I was called January 23d, at 5 o'clock, A. M., and found the woman in severe labor pains, and those in attendance in great trepidation and anxiety. There was no time for delay, prompt measures must be used, for in her present state she could not be delivered. Upon examination, I found the passage to the womb closed by a tense membrane, about two lines in thickness, occupying the usual place of a *hymen*. There was an aperture, barely sufficient to admit a small female catheter, or a common-sized quill. The aperture was located as is usual in the hymen, and was just sufficient for the passage of the menses. To relieve this state of things, I took a probe-pointed bistoury and wound the edge with cloth, leaving half an inch of the cutting edge at the point. I introduced the point of the bistoury through the aperture and carried it towards the perinæum, dividing the membrane to the commissure. I then turned the bistoury in the opposite direction, carrying the knife towards the clitoris, and dividing the membrane so as to leave the vagina free. The pains continued regular, and at 7½ o'clock, A. M., the woman was delivered of a healthy child, weighing eight pounds. She recovered in the usual time, and both mother and child are doing well.

This is a case which will go far to support the theory of conception advanced by Dr. Wm. P. Dewees. I know of no other reasonable explanation to be given, where a female becomes pregnant under like circumstances—and this seems scarcely satisfactory, for I am not aware that any set of vessels have been demonstrated to exist, by which the semen is conveyed to the ovaries.

Sulphate of Iron in Diseases of the Skin.—M. Devergie has employed with success, at the *Hopital Saint Louis*, for eczema impetiginodes, impetigo, intertrigo, &c., an ointment composed of lard, one ounce; photosulphate of iron, crystallized and washed, from ten to twenty grains. The ulcerations which accompany the pustules of rupia and of ecthyma cachecticum are favorably modified by the same application.—*Union Médicale*, from *Jour. de Méd. de Bordeaux*.

Bibliographical Notices.

Address, Introductory to the Course of Instruction in Geneva Medical College, October 4th, 1855. By GEO. BURR, M.D., Professor of Obstetrics, Diseases of Women and Children and Medical Jurisprudence. pp. 20.

Valedictory to the Graduating Class of the Philadelphia College of Medicine at the Semi-Annual Commencement, February 28th, 1856. By HENRY HARTSHORNE, M.D., Professor of the Institutes of Medicine. Published by the Graduating Class. Philadelphia: 1856. pp. 21.

Farewell Address, delivered to the Medical Graduates of Harvard University, at the Annual Commencement, Wednesday, March 12th, 1856. By JOHN WARE, M.D., Hersey Professor of the Theory and Practice of Physic. Boston: David Clapp, Medical and Surgical Journal Office: 1856. pp. 18.

It has grown to be so customary a thing to address the graduates of our Medical Colleges with parting, as well as salutatory, words, that these addresses come to our table almost like a flock of birds. The plumage and voice of some we do not at all fancy, but others, of less pretension and glitter, sing a right worthy song. It is a fitting time to impress upon those about to commence the labors of a responsible profession, many lessons and words of counsel which, in most instances, are remembered through a long after-life. The tinsel of high-flown delivery and the dogmatic announcement of opinions are worse than useless on these occasions; an appeal to the good sense and true feeling of his auditors is the course for a lecturer whose aim is to benefit as well as please.

We have selected three addresses, delivered in different States, at no long interval of time—one salutatory, two valedictory, and in each instance, in our opinion, the college and the students have reason to congratulate themselves. The teaching is healthy in tone, the advice sound, the greeting and leave-taking sincere and kindly. Reference to a few points in each discourse will serve to verify our assertion.

Dr. BURR, in opening the session at his College, while he promises the hearty endeavor of himself and colleagues to impart knowledge to the pupils, tells the latter very decidedly that they will be expected to apply themselves and to learn; he suitably warns them of many difficulties to be encountered, but assures them that throughout their course, both within and without the collegiate walls, "there is more of brightness than of darkness, more sunshine than clouds, more satisfaction than disappointment, and, thank God, more *honest men* than rogues." We have often been tempted to believe the converse of the last assertion, but will once more try to think with the Professor, and most heartily do we unite in his ascription. While duly referring to the respect belonging to the worthies of past ages, Dr. Burr impressed upon his listeners the truth that medicine is now more than ever an eminently progressive science; while he confesses that no man can possibly master all its various branches, he truly says, "neither will the knowledge of to-day, however correct and well-observed it may be, meet the condition of things to-morrow." Lest the enthusiastic student should be deceived by the hope of worldly distinction and wealth being sure to encompass him in his professional career, he is honestly told that this would be indeed a foolish expectation; "the world pays but few honors to the cultivators of medical science." The often observed fact is referred to, that almost every other class of men who deserve well of the community, secure its honors and emoluments, while the "most brilliant achievements,

most devoted sacrifices or most heroic bearing fail to excite the shouts of popular applause, or to call forth the faintest demonstration of public gratitude." The monument to the memory of the successful soldier springs up almost before the broken turf has again united over his grave; it is only at this late period that the English people have decided on a similar tribute to one who fought and subdued a mighty foe for them and for the world; and we of the West may honestly be proud to have put our hands to whatever perpetuates the remembrance of the services of Edward Jenner. Prof. Burr rightly concludes by saying how worthless mere popular applause is, in comparison with that higher satisfaction which the upright physician may always feel, both because he discharges his own duty and because he will often see the beneficial results of his labors in that "mission of healing the sick, which is of divine appointment."

Dr. HARTSHORNE's address is in good taste, and tells many things well, both respecting the character of the profession, generally, and the points more especially worthy of the attention of recent graduates. He pays a merited tribute of admiration and respect to those who labored so unselfishly in the cause of the plague-stricken population of Norfolk and Portsmouth; one of the graduating class, a native of Cuba,* went to those trying scenes, before completing his academic course, and providentially did great good to the sufferers and was himself spared.

We are particularly pleased with that portion of this address which refers to what *should* be the character of the physician *as a man*. "Well is it," says Dr. H., "for the physician to cultivate, in his own character, all the amenities and adornments, the refinements and courtesies of life; well for himself and well for his profession. Next to religion, and his strict professional duties, these may be classed as his highest objects." The unexceptionable standard adopted by the Code of Ethics of the American Medical Association, is that which the orator would have continually to influence the professional life of his hearers, and while he recognizes that physicians should be enabled to live by their calling, he would have the latter "to be maintained only upon the most elevated principles." "A vocation," he continues, "which has had its healing offices sanctified, even, by the action of the Redeemer of men; from the ranks of which one of the apostles was called, and in which the highest genius has found full scope, the noblest character 'ample room and verge enough' for all its worth," should never degenerate into a selfish craft, a money-making art. A heartfelt tribute of respect to the memory of a lamented fellow-teacher,† and a kindly farewell to the class, conclude this excellent address.

Having followed the order of the dates of delivery, we come last to notice Dr. JOHN WARE's late valedictory to the medical graduates of Harvard University, and which is just sent forth from the press by the class to whom it was particularly addressed. It was our privilege to listen to it, and we do not wonder at the expressive terms used in requesting it for publication. But one opinion can prevail with readers, as it did with hearers; the address commends itself alike to the mind and heart, by its simple and elegant style, its earnestness, truthfulness and wisdom; while all who heard it could hardly fail to have been touched by the affectionate manner of the speaker. In these few pages is accumulated an amount of sound sense and wholesome advice, which, if followed out, will serve as an amulet to the unskilled adventurers on a difficult path. We subjoin a few extracts, feel-

* Dr. L. Martin y de Castro.

† Prof. Isaac A. Pennypacker.

ing a wish, all the while, to make them more freely—but in the hope that the whole may be widely circulated, these will content us. "Learn, then, through life; chiefly at the bed-side, but also from books, and, if need be, in the laboratory and the dissecting-room. I know that, in a life like ours—distracted by care and often tortured by anxiety—this is a difficult task. The present aspect of medical progress increases the difficulty. * *

But begin and go on with a resolute determination to keep up with the progress of knowledge. * * Think as well as read—reflect as well as observe. Do not merely receive knowledge, but judge of it." Over-scepticism as regards new opinions and theories is to be resisted, says Dr. W., but neither should we fear to change an opinion on sufficient grounds, and especially not so from apprehension of being reproached with inconsistency. This is manly and excellent advice. We observe that Dr. Ware sets down ultra-conservatism as "the intellectual vice of age;" this may be so, but it is hardly true of *the* age! "Remove not the old landmarks," might well be cried aloud in literary, as well as in social, matters.

While deprecating the impatient spirit which sometimes causes the young to chafe at their slow advancement, and perhaps to wish the steps of their elders were more hasty toward the term of life, when activity in practice must falter, Dr. Ware reminds such that they must, and full soon enough, they will find, occupy the same position; and adds, "Men have seen fit to grace the hoary head with a crown of honor. Could you persuade them to tear it thence, they still will never place it on the brows of youth." Junior practitioners are wisely advised not to cumber their minds with any useless lumber; "wisdom is the power of *using* knowledge. * *

It is better to employ a few tools adroitly than to burden ourselves with many, of none of which we have fairly become masters."—(p. 11.) Consultation is rather advocated, as being for the interest and improvement of the young physician. Dr. W. says, "I have seldom had any considerable intercourse with a practitioner of observation and experience, from whom I have not at least derived some valuable hint."

The chances that a physician may be disabled at a comparatively early period of life, furnish an argument for that commendable foresight and economy that will lead to "the acquisition of a competency which will allow you to pass the days of sickness, or infirmity, or age, undisturbed by the sordid cares that poverty entails. * * This is consistent with the loftiest aims." While proffering this advice, the well-known truth that our profession is not a lucrative calling receives confirmation from this experienced physician. He remarks, "at home and abroad I have had the same testimony to this. There is no occupation among what are counted as the favored classes of society, in which the same intelligence, industry and self-devotion meet with so small a compensation. The income of the most successful physician, every where, is far below what is commonly imagined, whilst the life of a successful physician implies an amount of toil, privation, anxiety and self-sacrifice of which men in other walks of life have no conception. They look only at the liberal fees which are *sometimes* the recompense of professional labor. They do not know how rare these are."

In conclusion, the intimate relation into which the physician is brought with his patients and their immediate circle, under circumstances always trying, and so frequently agonizing, is feelingly alluded to. He should always remember to allow his *heart* a share, as well as his *head*, in the performance of his difficult professional duties. No more fitting advice could terminate this beautiful address, and we are sure that if the gra-

duates, while they have the words of their venerated teacher, according to their wish, before them, look also upon the practical illustration thereof which his own distinguished and honorable career has afforded, and which his daily life still exhibits, they will need no other stimulus to induce them to emulate so bright an example. May many years of usefulness and happiness be added to those, forty of which, actively spent in the service of humanity and the medical profession, have enabled him to say such words "to guide, to guard, to warn, to cheer and to encourage."

On some Diseases of Woman admitting of Surgical Treatment. By ISAAC BAKER BROWN. London, 1854: and Philadelphia, 1856. Svo. Blanchard & Lea.

To all familiar with the English medical periodicals of the day, the author's name is doubtless well known in connection with the treatment of laceration of the perinæum, and various other injuries to which females are liable as the result of parturition; and more particularly as the author of divers articles upon dropsy of the ovarium, its treatment, medical and surgical, &c.

The volume before us is a well-digested *résumé* of his own surgical experience in these cases, for which reason, if for no other, it deserves the respectful attention of a profession which has been so *pestered* by books written for practice, rather than as embodying the *results* of practice.

The subjects are arranged in two parts—the first comprising the injuries resulting from parturition, and the second, those abnormal conditions of the female organs which arise independently of pregnancy. Of these, by far the most valuable portions are those which relate to ruptured perinæum and to ovarian tumors.

After some preliminary remarks upon the causes and prevention of perineal laceration, and a short summary of the treatment recommended by German, French and English writers, he classifies the different degrees as follows: 1st, those in which the rent does not exceed an inch, and requiring no operative interference; 2d, cases of perforation, the constrictor vaginæ and sphincter ani remaining intact; 3d, laceration extending to the sphincter; and lastly, complete laceration, the rectum and vagina being thrown into one.

Our space will not permit any detailed accounts of Mr. Brown's operation for the relief of this distressing accident. It is sufficient to say that its chief peculiarity consists in a very free division of the sphincter ani, and union of the wound, by deep, quill-suture, immediately after the completion of the labor, *while the wound is yet fresh*, followed by a liberal use of opium and a generous diet. Whether this free use of opium is in all cases necessary, is a question. His cases are, at all events, negative proof of its value. He recommends it not merely to quiet the bowels, but from a belief, with Mr. Skey, of its beneficial influence in the healing process. In a case recently operated on by the writer of this notice, the plan was carried out with the happiest effects, the opium causing neither nausea or arrest of the lacteal secretion, of which the supply was abundant, the third day.

The sections on recto- and vesico-vaginal fistula give a short summary of the various plans which have been recommended, and among others certain operative details, due to Dr. Hayward of Boston, and Dr. Sims of New York, are justly commended.

The last chapter, comprising nearly one half of the volume, is devoted

to encysted ovarian dropsy. To all who take an interest in this subject, which is attracting more and more the attention of surgeons, with reference to extirpation of the cyst, this chapter presents a very fair summary of what is known of its pathology, diagnosis and surgical treatment; and though we do not entirely agree with Mr. Brown as to the "conditions rendering the operation of ovariectomy justifiable," and particularly that it is contraindicated in those cases in which the fluid is highly albuminous; nor again in his advocacy of certain favorite methods, such as a partial excision of the cyst, we give our most cheerful testimony to the fairness with which his views are advocated, and we have no hesitation in recommending the entire volume to the perusal of *practical* men.

We have no desire to institute a comparison between English and American editions, for though eyes are getting to be worth something in these days, we are quite sensible of the comparatively low price of the reprint; but we cannot refrain from the remark, that it does seem to us that if the author prefers "perinæum" to "perineum," and "calibre" to "caliber," common courtesy demands an adherence to his ideas in this respect, as much as if it involved the subject-matter itself.

The English copy localizes Dr. Sims in Boston, instead of New York; while, to our dismay, Dr. Hayward is transplanted to New York. Both errors are corrected in the reprint. Mr. Jeaffreson's name is also misspelt Jefferson; and in the Philadelphia edition, Dr. Pereira and Mr. Druitt are transformed into Pereria (p. 48), and Bruitt (p. 166). In other respects it appears to be a very fair sample of the American medical press.

G. H. L.

An Address on the Life, Character and Writings of ELISHA BARTLETT, M.D., M.M.S.S., late Professor of Materia Medica and Medical Jurisprudence in the College of Physicians and Surgeons, New York. Read before the Middlesex North District Medical Society, December 26th, 1855, by ELISHA HUNTINGTON, M.D. Published by the Society. Lowell: S. J. Varney, 27 Central street. 1856.

This is a just and feeling tribute to one whose memory all delight to honor. With excellent opportunities of knowing the lamented subject of the address, Dr. Huntington was eminently fitted for the undertaking laid upon him by the Middlesex Society. After a succinct account of Dr. Bartlett's earlier years, the writer refers to those personal accomplishments which rendered him so popular as a man, and were, in no small degree, an aid to him in securing that "highly respectable practice, which may rather be said to have sought him, than to have been sought by him." The biographer, after mentioning the Legislative position attained by Dr. Bartlett when quite a young man, remarks, very truly, that "he certainly had all the gifts and graces of an accomplished, persuasive orator, and, in a good degree, also, the sterner powers and qualities of mind, that, if rightly trained, would have fitted him for a *statesman*, but never for a *politician*." The profession has reason to be proud and grateful that instead of throwing away his high attainments and shining abilities upon modern politics, he assumed the position for which he was so eminently fitted, viz., that of medical teacher and writer. Dr. Huntington has given us a very complete and interesting summary of the most important works and occupations of his friend's useful life, and closes his account with an admiring notice of those last effusions of the busy brain which had contributed so much of

close analysis, logical deduction and acute observation to medical literature. In the words of the Address, we can heartily "say of the 'Settings,* they are worthy of the gem, and breathe the same spirit of philanthropy, hopefulness and humanity, that was so prominent in the life and character of the gifted writer; for there was in Dr. Bartlett, to quote his own words—

A scorn of all baseness, cruelty and craft,
Hardness of heart and sordid greed of gold,
All hollow, seeming cant and sly chicanery,
Honor to worthiness he paid, wherever found
And nobleness and virtue— * * *

Dr. Huntington closes his address with a reference to Dr. Bartlett's firm Christian faith, and to the fact that death, so long expected by him, through a trying illness, was "welcomed as an introduction to a higher and better state of existence." This must be to Dr. Bartlett's friends a grateful addition to the many testimonials, from various quarters, of the affectionate remembrance in which he was held both by his brethren and the community at large.

The Principles of Surgery. By JAMES MILLER, F.R.S.E., F.R.C.S.E., Author of a Treatise on the Practice of Surgery, Professor of Surgery in the University of Edinburgh, &c. &c. Fourth American from the third and revised English Edition. Illustrated by two hundred and forty Engravings on Wood. Philadelphia: Blanchard & Lea. Pp. 696. 1856.

WE learn from the advertisement of the publishers that this edition is "an exact transcript of the author's last and revised edition," and that such notes by Dr. Sargent, the editor of the last American edition, as were deemed advisable by the author, have been embodied in the present one.

The number of editions through which this work has passed, and the consequent call for a new one, sufficiently prove its popularity and usefulness. In the words of the preface to the first edition, it is intended to exhibit a condensed view of the principles of the healing art; it is a concise exposition of the science of modern surgery.

A very interesting summary is given, in an appendix, of the History of Surgery. The prominent men of olden time are referred to, and the short chapter closes with an allusion to the high position of surgery in the present century. This article was contributed by Professor Miller to the last edition of the *Encyclopædia Britannica*.

The work itself is already so well known that any analysis is superfluous. Chapter I. has a most valuable amount of information, imparted in a terse, yet clear and very readable, manner, upon the constitutional affections in surgery, a most important department, not infrequently somewhat neglected by the student in his eagerness to get at operative details and descriptions of distinct affections. The illustrations are numerous and well executed, and quite a full index is appended to the volume. Students cannot do better than to acquaint themselves with Miller's Principles, and the work may well take its place with *Druitt*, *Ferguson* and *Malgaigne* upon the practitioner's table. For sale by Ticknor & Fields.

* Simple Settings, in verse, for Six Portraits and Pictures, from Mr. Dickens's Gallery.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, MAY 8, 1856.

BLOOD-LETTING IN ACUTE INTERNAL INFLAMMATIONS.

In an article in the March number of the *Edinburgh Medical Journal*, Professor ALISON replies to the assertion of Professor BENNETT, contained in an Introductory Lecture on the Present State of the Theory and Practice of Medicine, "that the mortality of pneumonia has diminished since large bleedings have been abandoned," not because the disease has changed its type, but because the large bleeding was never really requisite, and was, besides, attended with a risk that was not then understood. Dr. Alison maintains that but little reliance can be placed upon statistics showing a comparison between the results of practice in former years and those of the present time, since the improved method of diagnosis by physical signs enables us now to determine the presence of the disease in many cases in which the mildness of the symptoms would have caused it to be overlooked, before the days of auscultation and percussion. In other words, Cullen and Gregory included under the name of pneumonia only those cases in which the active character of the symptoms plainly pointed to an internal inflammation, and demanded large bleedings at the outset, for their relief, while other cases where there was little pain, cough, dyspnoea and fever, passed under the head of fevers of different denominations, and were treated as such, often only with proper regimen, shelter and rest.

Dr. Bennett says, "It is very doubtful whether a large bleeding from the arm can operate on the stagnant blood in the pulmonary capillaries; that it can directly affect the coagulated exudation, is impossible." But, replies Dr. Alison, it is not merely the mechanical change of position of so many particles of the blood, but a *strictly vital* action—such as we trace up only to principles of physiology and pathology—to which we have to apply a remedy; and he maintains, most confidently, that blood-letting, employed in the *early* stage of the inflammation—when the stagnation, distension of vessels, change of the blood, and exudation of the decolorized lymph are only beginning—may arrest, or greatly shorten, these local changes.

The great change in the mode of treatment of acute inflammatory affections, Dr. Alison ascribes less to an unfavorable effect from blood-letting, unknown in former days, than to a *change of medical constitution* within the past thirty or forty years, indicated by greater debility and a tendency to typhoid symptoms. The call for depletive treatment is less urgent than formerly, and on this account we are apt to neglect a valuable means of controlling disease. We think there is much truth in these suggestions. The evil effects of excessive blood-letting have caused an oscillation to the opposite extreme of practice. The opportune moment is allowed to pass, when a free bleeding might avert, or greatly mitigate, a threatening and dangerous inflammation.

 THE BOSTON DISPENSARY.

THIS institution which was established in 1796, and incorporated in 1801, is about to undergo some changes which have been found necessary in consequence of the growth of the city, and the different character of its population. The Managers have established a central office, at the corner of

Bennet and Ash streets, where all poor patients who are able to leave their own dwellings, will be prescribed for, daily, between the hours of 11 and 1, by four attending physicians, and four attending surgeons, who will perform service alternately. Those patients who are unable to go out will be visited by eight district physicians, residing in different parts of the city. A medical superintendent will attend daily at the central office, who is to have a general supervision of all the various departments. The city is divided into eight districts, each of which has its physician and apothecary. The attending and district medical officers will keep registers of the name, age, residence, place of birth, condition, disease and result of each case under their charge. The new organization will go into operation on the first of July.

DEATH OF DR. WARREN.

It is our painful duty to announce the death of Dr. JOHN COLLINS WARREN, who expired at his residence, in Park street, early on the morning of Sunday, the 4th inst., in the 79th year of his age. A special meeting of the Suffolk District Medical Society was called on Monday afternoon, to take suitable notice of this event. Dr. BOWDITCH, Vice President, having called the meeting to order, Dr. JAMES JACKSON addressed the meeting, and gave a detailed and interesting account of Dr. Warren's last sickness. Dr. O. W. HOLMES then offered the following resolutions, which he prefaced with some eloquent and interesting remarks:

Resolved, That in the death of Dr. John Collins Warren this Society acknowledges a Providential visitation, which has removed from their fellowship an honored and esteemed associate, to whom they have looked for counsel and assistance in all that tends to elevate the profession to which they belong.

Resolved, That we gratefully recognize the hand of Divine Goodness, which has raised up in this community a succession of able and devoted men, who have identified the name they bore with the noblest acts of self-devotion, the advancement of the highest moral and religious interests, the diligent performance of duty, the promotion of humane and generous enterprises, the enlargement of the bounds of knowledge, and the cultivation of the graces of social intercourse, and that we trust this honored name may long be continued among us, in the children and the children's children of its departed representative.

Resolved, That, as members of the medical profession, we express our sense of the great loss we have sustained in the death of one of its most distinguished members, who, by his natural gifts, his large acquirements, his indefatigable zeal, his untiring industry, his devotion to his calling, has raised the standard of professional excellence, and commanded the respect and confidence of his brethren throughout the country.

Resolved, That, as members of this community, we recall with gratitude the many benefactions he has bestowed upon its public institutions, the labor he has devoted to its charities, the influence he has contributed to its various efforts for moral improvement, the Christian virtues he has exemplified in his life, and all that makes his example a guide to those who follow him in the same range of duties, or in any position of labor and responsibility.

Resolved, That the heartfelt sympathies of this Society be respectfully tendered to the family of the deceased, and that while we assure them their sorrow is shared by all around them, we trust they may find consolation in the memory of the many good works which he did while with us, in the gratitude with which his name will be cherished, and in the trust that a useful and devout earthly existence has prepared him for a life of clearer knowledge and purer happiness.

The resolutions were seconded by Dr. H. J. BIGELOW, who alluded to the eminent services rendered by Dr. Warren to the profession and the community, and gave a just and discriminating view of his character as a teacher and practitioner of surgery.

In the evening of the same day, a special meeting of the Boston Society

of Natural History, of which Dr. Warren was president at the time of his death, was held, and remarks were made by Drs. C. T. Jackson and Storer, and Prof. Wm. B. Rogers. A committee was appointed to prepare resolutions appropriate to the occasion. This Society, as well as the Suffolk District, voted to attend the funeral of Dr. Warren in a body.

The late period at which the report of the above proceedings reached us does not allow us to insert a more detailed account of them in the present number; we shall do so in our next issue.

A new Instrument for indicating the Movements of the Heart.—Dr. Scott Alison has exhibited an instrument to the Royal Society which he calls a sphygmoscope, and employs to indicate the movements of the heart and bloodvessels. The construction is simple: a small glass tube, about a foot in length, open at the upper end, and with a graduated ivory scale affixed, terminates below in a hemispherical or trumpet-mouth, bent to a right angle with a tube. This mouth is covered with a water-proof membrane, and, being filled with colored water, is to be pressed against the ribs where the movement of the heart is most sensible. At once the water starts up the tube, in which it is seen to rise and fall with every beat; and thus all the movements of the vital organ, whether regular or irregular, may be distinctly viewed and measured by means of the scale. A smaller instrument of the same kind will show the beating of the pulse or of any other bloodvessel, however small; and the beats may be compared with those of the heart. They are perceptible even at the end of an India rubber tube two feet in length. Already some new physiological conclusions have been arrived at with regard to the circulation of the blood, and a further insight into vital action is hoped for from the general use of the sphygmoscope among medical practitioners.

Boston Medical Association.—The annual meeting of this Association was held on Monday, the 5th inst. The following officers were elected: *Standing Committee*, Drs. Buck, Da'e, Shurtleff, H. W. Williams and Durkee. *Secretary*, Dr. Minot.

Dr. Marshall S. Perry has resigned his post as a visiting physician to the Massachusetts General Hospital.—A Convention of the Superintendents of Insane Asylums will be holden at Cincinnati, commencing on Monday, the 19th instant.

Books and Pamphlets received.—Dr. Ball's *Three Days on the White Mountains*. (From the Author.)—Annual Report of the Commissioners of Emigration of the State of New York for the year ending December 31, 1855. New York: Wm. C. Bryant & Co., 41 Nassau St., Printers.—*Headaches, their Causes and their Cure*. By Henry G. Wright, M.D., M.R.C.S.L., L.S.A., Fellow of the Royal Med. Chir. Society, &c. New York: Samuel S. & Wm. Wood. 1856.—*Cases in Midwifery, with Remarks*. By Thomas F. Cock, M.D., Physician to the New York Hospital. (Reprinted from the New York Journal of Medicine.) New York: Samuel S. & Wm. Wood.—*Report on Rest and the Abolition of Pain in the Treatment of Disease*. Prepared by appointment of the N. Y. State Medical Society, by Thos. W. Blatchford, A.M., M.D. Albany: 1856.

Deaths in Boston for the week ending Saturday noon, May 3d, 67. Males, 40—females, 27. Accident, 1—apoplexy, 1—anæmia, 1—inflammation of the bowels, 2—ulcers in the bowels, 1—inflammation of the brain, 1—congestion of the brain, 2—cancer in stomach, 1—cancer in breast, 1—consumption, 8—convulsions, 5—croup, 2—colic, 1—dysentery, 1—dropsy, 2—dropsy in the head, 4—infantile diseases, 4—epilepsy, 1—typhoid fever, 2—scarlet fever, 3—bilious fever, 1—disease of the heart, 1—inflammation of the lungs, 7—marasmus, 1—measles, 2—peritonitis, 1—pleurisy, 2—scrofula, 1—smallpox, 1—suicide, 2—unknown, 3—whooping cough, 1.
Under 5 years, 29—between 5 and 20 years, 6—between 20 and 40 years, 21—between 40 and 60 years, 8—above 60 years, 3. Born in the United States, 51—Ireland, 12—England, 1—Germany, 1—At sea, 1—unknown, 1.

Consumption of Quinine.—The Philadelphia Medical and Surgical Journal says that 300,000 ounces of quinine are annually consumed in the United States, meaning, it is presumed, imported, as there are two very large manufacturing establishments in this country which prepare it on an extensive scale, and which are not included in the computation of the Secretary of the Treasury, from which the above estimate is derived. It is worth, at the present time, from \$3 to \$4 the ounce.

Lithotomy by a Crucial Incision.—M. Caratheodory, surgeon to the Sultan, and Professor of Surgery at the Medical School of Constantinople, has lately operated in two cases by the bilateral section of Dupuytren, and in both instances found it necessary to resort to a second, vertical, incision through the centre of the prostate and the upper half of the sphincter ani, owing to the large size of the calculi. The patients were respectively twenty-six and thirty years of age, and both made good recoveries.

Accouchement of the Empress of the French.—No authentic account of the parturition of the Empress of the French has yet been published. We gather generally that the labor was somewhat protracted, the infant much above the average size, and that the forceps had to be used. It is stated in the public journals that the Empress did not take chloroform, but we have reason to know that this is not correct. After suffering for a considerable period, she begged to have chloroform administered to her; but M. Dubois, having a strong objection to its employment, only consented to the inhalation of a small quantity. The result, however, was anything but beneficial, great excitement and some delirium ensuing. The chloroform was immediately discontinued, but it was some little time before its injurious effects had entirely subsided. As the labor did not progress satisfactorily, and as the expulsive pains were evidently insufficient to effect delivery, it was determined, after a consultation, to apply the long forceps. These were used with great dexterity by M. Dubois, with the happy result of completing the labor with safety to the mother and child. The application of the forceps was attended with the production of a bruise on the face of the infant, but the injury is not at all serious, and is gradually but sensibly diminishing. The "milk fever" supervening has been of the ordinary character of this affection in mothers not nursing their children, and has been productive of no alarm. Happily, all is now well with both the Imperial patients.—*London Lancet.*

Birth of Four Children.—Mrs. Sherratt, wife of John Sherratt, porter, of Newton street, Brook street, Chorlton-upon-Medlock, has been lately delivered, by Mr. A. W. Close, M.R.C.S., of four living children, three girls and one boy.—*lb.*

Verdict against a Medical Man in Paris for Theft.—The Paris papers state that a medical practitioner of that city, whose name is Rouvreuze, has just been convicted of theft upon a patient whom he was examining, and sentenced to six years' imprisonment. It is, however, right to add, that the individual in question is one of those who disgrace their profession by the most shameful quackery. M. Rouvreuze was engaged by a chemist, who sells the nostrums of the late notorious Raspail, and was paid £50 a year, and a share in the profit upon the medicines, for prescribing in the back parlor of the shop.—*lb.*

Death of Professor Gerdy.—M. Gerdy, Professor of Surgery at the Faculty of Paris, member of the Academy of Medicine, and Surgeon to the *Hopital de la Charite*, has just died in Paris, of pulmonary consumption. The deceased would never believe himself laboring under this fatal affection.—*lb.*

Ichthyosaurus discovered.—The remains of an ichthyosaurus have been discovered in raising the pavement of a stone-quarry near Bristol, imbedded in the blue lias, at a considerable depth from the surface. It is said to be one of the most perfect of the palæozoic species ever yet found. It measures upwards of seven feet in length, and two feet across the largest part of the body. It lies at full length, every bone can be seen and numbered, the sockets of the eyes and the nostrils can be distinguished, and a row of formidable teeth in each jaw.—*lb.*